

Affordable, comprehensive health care coverage for all children in Wisconsin

Health insurance for all kids

BadgerCare Plus

In announcing his "Affordability Agenda" in January 2006, Governor Jim Doyle stated that "no child should ever be without health insurance." The policy solution to ensure that all of Wisconsin's children have access to health care is creation of a single health care safety net—BadgerCare Plus. The detailed proposal describes Wisconsin's strategies for achieving the four strategic goals of the initiative.

- ★ Cover all children
- ★ Provide coverage and enhanced benefits for pregnant women
- ★ Simplify the program
- ★ Promote prevention and healthy behaviors

BadgerCare Plus will merge Family Medicaid, BadgerCare, and Healthy Start to form a comprehensive health insurance program for low income children and families. Coverage will be expanded to seven new populations.

- 1) All children (birth to age 19) with incomes above 185 percent of the federal poverty level (FPL)
- 2) Pregnant women with incomes between 185 and 300 percent of the FPL
- 3) Parents and caretaker relatives with incomes between 185 and 200 percent of the FPL
- 4) Caretaker relatives with incomes between 44 and 200 percent of the FPL
- 5) Parents with children in foster care with incomes up to 200 percent of the FPL
- 6) Youth (ages 18 through 20) aging out of foster care
- 7) Farmers and other self-employed parents with incomes up to 200 percent of the FPL, contingent on depreciation calculations

In addition, Wisconsin will streamline eligibility; assist employees in purchasing quality, employer-sponsored coverage; and provide incentives for healthy behaviors. This proposal represents the most sweeping reform of the low-income, family portion of the Medicaid program in Wisconsin since its inception in 1967.

BadgerCare Plus was developed based on conversations with hundreds of individuals across the state who participated in one of the twenty town hall meetings hosted by Governor Doyle, Lieutenant Governor Barbara Lawton, and Department of Health and Family Services Secretary Helene Nelson. The proposal was also shaped through extensive discussions with the BadgerCare Plus Advisors Group, composed of a broad range of stakeholders. Comments from focus group participants were also incorporated into the design.

BadgerCare Plus will be simple to understand, simple to enroll in, and simple to administer. BadgerCare Plus will be simple to understand, to enroll in, and to administer. Under the State's current system, there are twenty different coverage groups, each with differing income levels and their own complex eligibility rules. With the merger of three existing programs, there will be three primary coverage groups with eligibility determined by a simple gross income test with two deductions.

BadgerCare Plus will work with a wide range of non-profit organizations to help children and families enroll in the program using the web-based ACCESS tool. Once enrolled, BadgerCare Plus will simplify change reporting for program participants. Re-determinations of eligibility will be done once a year.

BadgerCare Plus will have two benefit plans:

- ★ <u>Standard Plan</u>—Children; parents and caretaker relatives; youths aging out of foster care, and pregnant women with incomes up to 200 percent of the FPL will be enrolled in the Standard Plan which is the existing Medicaid benefit package.
- ★ <u>Benchmark Plan</u>—Children and pregnant women with incomes above 200 percent of the FPL and certain self-employed parents with incomes under 200 percent of the FPL will be enrolled in the new Benchmark Plan.

Wisconsin is dedicated to significantly increasing access to dental care, an issue raised repeatedly in the BadgerCare Plus town hall meetings and in the focus groups. To address this issue, the State will issue a Request for Information to solicit interest among health care providers for designing and managing a service delivery system for dental benefits for BadgerCare Plus participants. The explicit goal of this process is to identify a service delivery model that is superior to the current model.

Another key component of BadgerCare Plus is the development of both individual and system-level incentives to promote and support healthy behaviors and improved health outcomes. System-level incentives will build on current efforts to improve the quality of care through pay-for-performance initiatives. These initiatives and individual incentives will be focused on producing:

- ▼ Increases in well-child visits and immunization rates
- ▼ Reductions in smoking
- ▼ Reductions in childhood obesity
- ♥ Reductions in infant mortality
- Reductions in inappropriate use of emergency rooms

"Wisconsin believes that the only way to address rising health care costs in the long-term is to help individuals get and stay healthy."

Governor Doyle

The promotion of healthier behaviors will also include a non-binding member agreement and "healthy living" information and education classes.

As under Wisconsin's current BadgerCare Program, certain groups of participants will be required to pay premiums and some groups will have co-payments for certain benefits in the Standard and Benchmark Plans. Individuals will not be required to make co-payments for prevention services, such as immunizations, well-child visits, smoking cessation, and pre-natal care.

Building on Wisconsin's success in managed care, all participants will be enrolled in Health Maintenance Organizations (HMOs) within two years. In those areas where managed care is not yet available, services will be provided via fee-for-service.

BadgerCare Plus will be budget neutral. The State believes that further expansion of managed care and administrative savings derived from dramatic simplification will be sufficient to fund BadgerCare Plus. The State anticipates one time savings of approximately \$15.9 million over the first two years of the program. These savings will be re-invested in BadgerCare Plus for critical elements of the program such as increasing access to dental services, small grants to non-profit organizations to assist with outreach and enrollment, and incentives for improvements in key areas, e.g., decreases in smoking and childhood obesity.